

CITY OF WESTFIELD VACANT STOREFRONT ASSISTANCE GRANT APPLICATION

Applications should be submitted to the Department of Community Development. For more information, please contact Peter Miller at (413) 572-6246.

APPLICANT INFORMATION

Business Name: _____

Mailing Address: _____ Street Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ E-Mail: _____

Business Project Manager Name and Title (if different than above.): _____

Project Manager Organization Name: _____

DUNS Number: _____ Tax ID or Social Security Number: _____

SAM Number: _____

Project Summary

Amount Requested: \$ _____ Project Title: _____

Address of Building: _____ Zoning of the Parcel: _____

Proposed Use: _____ Building Owner Name: _____

National Objective Information

- Microenterprise (Business with less than 5 employees *including owners* where owner is considered low-to-moderate income household) -HUD Income Limits Available in Appendix; Will require full source documentation from business owner to certify household income

- Special Economic Development Job Creation (Business that commits to hiring at least one full-time equivalent employee from a low-to-moderate income household) -HUD Income Limits Available in Appendix; Will require Self-Certification of Income from one or more qualified employees, based on grant agreement

Project Detail

Days & Hours of Operation	
Days Open:	
Hours Open (approximate):	

Employment Projections	
Full-Time Staff (Include Owners):	
Part-Time Staff (Number Positions):	
Part-Time Staff (Estimate weekly hours total:)	

Owner Investment Data:	
Space Improvements:	\$
Capital Equipment & Displays:	\$
Inventory/Product Required for Open:	\$
Marketing (First 6 Months):	\$

Sources of Funding:	
Total Estimated Cost to Open:	\$
Funds Invested by Owner:	\$
Other Funding Sources:	\$
Bank Loan: _____	
Other: _____	
Other: _____	

Property & Lease Details:	
Square Feet of Leased Space:	
Term of Lease (in years):	
Term Options: _____ (Yes/No)_____	
Rental Rate Per Month:	
Rental Rate Per Square Foot:	
Other Monthly Charges:	
Escalators?:	

**CITY OF WESTFIELD
 VACANT STOREFRONT ACTIVATION PROGRAM
 APPLICATION- PART B
 PROPERTY OWNER SUPPLEMENT**

Property Owner Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ E-Mail: _____

Prospective Tenant Name: _____

Prospective Tenant Business Name: _____

Is the business owner related in any way to the property owner? (Yes/No) If so, how?

Site & Terms Information

Property & Lease Details:	
Square Feet of Leased Space:	
Term of Lease (in years):	
Term Options: _____ (Yes/No)_____	
Rental Rate Per Month:	
Rental Rate Per Square Foot:	
Other Monthly Charges:	
Escalators?:	
How long has the space been vacant?	
Name of previous tenant:	
Previous Rental Rate:	
Any improvements since last rented?	

Certifications

1. Are all real estate and personal property taxes due to the City of Westfield currently paid in full?

On Subject Property? YES NO

On other properties? YES NO

2. Are all combined utility bills and Westfield Gas & Electric bills currently paid in full?

On Subject Property? YES NO

On other properties? YES NO

3. Are you involved in any litigation with the City of Westfield?

YES NO

If so, please explain:

4. Is this property in compliance with all City building codes and zoning requirements?

YES NO NOT SURE

If unsure, please file a Zoning Determination form with the Building Department

The undersigned certifies that the above information provided herein is true and accurate.

Printed Name of Property Owner

Signature

Date

CITY OF WESTFIELD- OFFICE OF COMMUNITY DEVELOPMENT
SELF-DECLARATION OF INCOME REPORT / FY2021-22

(Effective June 1, 2021)

Federal regulations require we obtain this information to document assistance is being provided to low and moderate-income households. The Participant/Guardian should complete this form indicating all persons residing within their household, regardless of whether or not they are related. The Grantee should retain this form for monthly reporting requirements as well as for on-site monitoring visits.

INFORMATION PROVIDED ON THIS FORM IS KEPT CONFIDENTIAL AND NOT SHARED WITH OTHER AGENCIES

NOTE: ALL FOUR SECTIONS OF THIS FORM MUST BE COMPLETED TO RECEIVE REIMBURSEMENT

PARTICIPANT INFORMATION

1. PARTICIPANT STATUS: FAMILY INDIVIDUAL

Participant Name: _____

Address: _____ City, State, Zip Code: _____

2. ETHNICITY (please select only one):

Hispanic or Latino Not Hispanic or Latino

3. RACE (please select only one):

<input type="checkbox"/> White	<input type="checkbox"/> American Indian/Alaskan Native <i>and</i> White
<input type="checkbox"/> Black/African American	<input type="checkbox"/> Asian <i>and</i> White
<input type="checkbox"/> Asian	<input type="checkbox"/> Black/African American <i>and</i> White
<input type="checkbox"/> American Indian/Alaska Native	<input type="checkbox"/> American Indian/Alaskan Native <i>and</i>
<input type="checkbox"/> Black/African American	
<input type="checkbox"/> Native Hawaiian/Other Pacific Islander	<input type="checkbox"/> Other Multi-Racial: _____

4. HOUSEHOLD INFORMATION

1) Choose the row with the number of family and non-family members living in your household below.

2) Circle the corresponding income level. (FY2021-22 Median Family Income) – Effective June, 2021

Household Size	#1 (0%-30%)	#2 (31%-50%)	#3 (51%-80%)	#4 (81% and above)
1	\$0-\$17,700	\$17,701-\$29,450	\$29,451-\$47,150	\$47,151+
2	\$0-\$20,200	\$20,201-\$33,650	\$33,651-\$53,850	\$53,851+
3	\$0-\$22,750	\$22,751-\$37,850	\$37,851-\$60,600	\$60,601+
4	\$0-\$25,250	\$25,251-\$42,050	\$42,051-\$67,300	\$67,301+
5	\$0-\$27,300	\$27,301-\$45,450	\$45,451-\$72,700	\$72,701+
6	\$0-\$29,300	\$29,301-\$48,800	\$48,801-\$78,100	\$78,101+
7	\$0-\$31,350	\$31,351-\$52,150	\$52,151-\$83,500	\$83,501+
8	\$0-\$33,350	\$33,351-\$55,550	\$55,551-\$88,850	\$88,851+

I certify the above information is true and correct to the best of my knowledge.

Participant/Guardian: _____ **Date:** _____

(Original signature is required)